Ambiguity in performance indicators: the construction of normative standards for healthcare performance targets in Scotland

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Summary of the paper

• This paper deals with the construction of performance indicators (and targets) in the Scottish NHS. Questioning the presumption that governance by targets relies on explicit normative standards that are more or less given, taken for granted and/or accepted and adopted by involved actors.

• Central questions:
  - How are normative standards underlying performance targets created?
  - And to what extent and in what ways do they change over time?

• A comparative case study: two policy issues:
  - Infection control (IC): healthcare associated infection (HAI) for which we would expect a ‘zero infection rate’
  - Emergency care for older people (ECO): linked to the more ambiguous ‘balance of care’ idea.
Analytical framework of the study/paper

• Performance indicators differ in the degree of ambiguity over what they measure. Carter’s distinction between PI as ‘dials’ or ‘tin-openers’.

  - Dials have an explicit normative standard of what constitutes ‘good’ and ‘bad’ performance. Tin-openers lack such an explicit normative standard.

• The authors take a more fundamental perspective in the sense that all normative standards (including the ‘dials’) are socially constructed.

  - The process and product of interaction between stakeholders as they (try to) make sense of problematic situations, devise solutions and thereby reveal their definitions of the underlying problem.

• So there is always a situation of normative and cognitive uncertainty with which actors have to cope when setting and maintaining a standard.
Figure 1. Ambiguity over normative standards in relation to goal and means ambiguity

Source: own framework informed by the literature given above.
Empirical study: context and setting

• Institutional context: performance management in Scotland
  - Integrated responsibility for planning and delivery of all health services is delegated to 14 territorial NHS boards.
  - Tight relations and direct lines of accountability between Scottish Government and local NHS Boards.
  - Stressing Partnership and professional leadership, mutuality and collaboration (more horizontal than English NHS)

• A comparative case study: two policy issues:
  - Infection control (IC): healthcare associated infection (HAI) for which we would expect a ‘zero infection rate’ (a ‘dial’)
  - Emergency care for older people (ECO): linked to the more ambiguous ‘balance of care’ idea (a ‘tin-opener’).
  - Document analysis (including 112 Annual Local Delivery Plans and National Policy Documents) and 18 interviews.
From PAF to HEAT target system

• From the Performance Assessment Framework (2002)
  - Resulting in 100 to over 200 targets that could easily be neglected and could not be monitored

• To the Health Improvement, Efficiency, Access and Treatment (2006)
  - Heat targets should reflect progress towards overall national objectives as set by the Scottish Government.
  - 15 targets that are publicly reported
  - Data inform the NHS Board Accountability Reviews (in June and July)
  - No sanctions or rewards are related in order to reflect the ‘partnership’ approach between Government and the Boards.

• HEAT target system should (or could) be interpreted as a so-called Open Method of Coordination (OMC) or a form of experimentalist governance (learning by monitoring).
Infection control: ‘zero is best’ (dial).

• Health-Associated Infections (HAI)
  - On the agenda since 2002 (salmonella outbreak in Glaswegian hospital)
  - 2008: outbreak of clostridium difficile infection (CDI)

• Framing the issue as problem of healthcare, rather than of hospitals, including adult care homes, children daycare, as well as community acquired CDIs.

• Starting in 2008, the HAI Task Force, recommended a national HEAT target for Staphylococcus aureus bacteraemia (SABs) and on CDI
  - because of its potential to support the Government’s objectives; the availability of routine data, its known potential for prevention.
  - Initial goal was to reduce numbers of infection by 30% over five years.
Contested standards and diminishing local control over means of change

• Equal standards > single uniform target (choosing the roughly 75th percentile

• Since then: both the numerator and the denominator have redefined the target population and the problem to be tackled in order to make Boards comparable.

• Due to the relative success of the reduction of HAIs, additional improvements at the margin became more problematic to achieve. Especially because of the rising proportion of Community-acquired infections (CA-HAI) over which local boards have less control and less evidence.

• Local Boards continued to challenge the redefinition, also because they lacked control over the means for change
Emergency care for older people (tin-opener)

• In 2006: HEAT target on reducing multiple re-admissions to hospital for people aged 65 and over.

• In contrast to HAI, targets for emergency care were more uncertain and unknown in their effect.

  - “we never talked about reducing emergency beds as a target but as a vision for re-enablement of older people, to enable them to stay at home and not come to harm in hospitals”

• Ambiguity over means and controllability of target achievement has emphasized the value of more flexible forms of learning and resulted in some formalisation of levers for mutual learning and exchange.

• National agencies and partnerships, including Quality, Efficiency & Support Team (QuEst), Healthcare Improvement Scotland, Joint Improvement Team, and the Third, Independent and Housing Sectors.
Conclusions

• Normative standards and targets were challenged and reconstructed over time in both cases.
  - In both cases, limited or diminishing local control over means for change and limited target ownership, contributed to the reconstruction the normative standards (in deliberation and/or negotiations).
  - Two contrasting approaches to managing ambiguity over goals concerning the meaning of ‘quality of care’ as equal outcomes (IC) or as local responsiveness, with reference to local capacity and stakeholder engagement (ECO).

• Paper stresses the importance of a supportive policy context
  - In fact, the distinction between policy-making and monitoring and control disappears. See especially the ECO-case.
  - Paper stresses the importance of continously reviewing of controllability and the means for change
  - Most importantly, Performance Regimes work best when there is shared ownership over targets and standards
Discussion

• Paper is a very promising work in progress
  - Reveals how standards are achieved through social interactions and negotiations, their relative robustness, and the enduring challenge between setting national standards versus being responsive to local circumstances.
  - It also reveals the enduring challenge between vertical structures of control (a principal agent – dilemma) versus horizontal structures that foster learning and mutual adaptation.

➢ This tension could be elaborated more in the theoretical part of the paper
  - What about supportive (policy and social) contexts?
  - New Public Management versus New Public Governance

➢ Would like to see more illustrating quotes from the interviews in the empirical part of the paper.

➢ When did actors negotiate about standards and when did they deliberately reflect on these standards?
Observation

• How to determine a standard?

  - Extrapolation from international research (Evidence Based) may have high scientific rigour, but does not include country’s specific institutional, political and social context, and not always available
  - Benchmarking considers feasible performance, but ignores scope for improvement of the ‘best’ performers
  - Local estimates may engender stakeholder support, but at the cost of national standards

  ➢ Is it possible to combine these three somehow, could they be complementary to each other?

• From PAF to HEAT …… Scotland seems to have escaped the so-called escalating logic of Performance Regimes.

  ➢ Under what conditions is it possible to keep Performance Regimes under control and responsive to changing circumstances; to balance the quest for national (equal) standards with local responsiveness and adaptive capacity?

• “Experimentalist Governance” (Open Method of Coordination)

• To be defined as: “A recursive process of provisional goal setting and revision based on learning from the comparison of alternative approaches to advancing them in different contexts.

• Learning by monitoring involves a multi level architecture whose four elements are linked in an iterative cycle:

1. Broad framework of goals are provisionally established by some combination of ‘central’ and ‘local’ units. (e.g.: HEAT)

2. Local units are given some discretion to pursue these goals in their own way

3. These local units report regularly on their performance and participate in a peer review

4. Goals, metrics and decision-making procedures themselves are periodically revised by a widening circle of actors in response to the problems and possibilities revealed by the review process.

• Feasible in situations of strategic uncertainty and wicked problems in polycentric systems under certain enabling social conditions (e.g.: moderate level of trust)

Scotland seems to work according to principles of EG

- Strong emphasis on partnerships and mutual learning

- How to monitor performance and foster learning under conditions of strategic uncertainty?
  - Works best in a world where principals are uncertain of what precisely their goals should be and how best to achieve them, hence, they must be prepared to learn from the problem-solving activities of their agents.
  - See the difference between IC (dial) and ECO (Tin-opener)

- Combines the process of norm elaboration and compliance enforcement, together with dynamic accountability

➢ Would be interesting to compare Scotland with England on this.
Balancing national (equal) standards and local responsiveness and learning in social exchange relations

Contractual relationships

Calculation Controlling

Absence of calculation and control

NPM

No PM

Incomplete contracts
Gaming the PM system (e.g. Bevan and Hood, 2006)

‘Complete’ contracts (wishful thinking)
Escalating logics

Tightening control
Naming and Shaming

IC: HAI Infection control
Emergency care of older people (partnership)

Tristan & Isolde

Love & Marriage

Finland

Total strangers

Learning and dynamic accountability

NPG & EG

Shared identity

Trust-based relation
Thanks for this paper and thank you for attention
Call for partners: Open Research Area Plus (Ora Plus)

- ORA Plus funds joint research project in the social sciences:
  - Netherlands (NWO), France (ANR), Germany (DFG), UK (including Scotland) (ESRC)

- Call opens in September 2014

- Proposals will be accepted for research projects in any area of the Social Sciences, involving research from any combination of two or more of the participating countries

- We are going to set up a research on multi level agenda-setting and health policy-making in the EU (cf. Helderman, 2014, HEPL)

  - We are: Jan-Kees Helderman & Sandra Resodihardjo (RU, Public Administration)

  - Anyone from Germany, France and the UK (including Scotland) who wants to join?